## AFFIDAVIT OF FILING AND FINANCIAL STATEMENT ATTESTATION

NAIC Company CodeNAIC Group Code			
Reporting Entity Name			<u>—</u>
Domiciled in Mailing Address:	(State)		
Annual Statement Contact:			
	(Name)	Telephone No.	. E-mail Address
In the Matter of the Annual Financial of, 2		ng required for the Period	•
The officers of the above identified mailing date above, a true and corresponding true and correct electrons been sent to the National Associatement and the corresponding elevith the reporting entity's domestic submitted only to the reporting entities.	orrect statement tronic file reflect iation of Insurance ectronic file are a e state, except as	for the reporting perioding the statement for the ce Commissioners, accordan exact and complete d to schedules, exhibits a	od stated above and that the above named reporting entity, ding to their instructions. The uplicate of the statement filed
Additionally, the officers of the above that they are the described officers above, all of the described assets in reporting entity, free and clear frostatement, together with related exh to is a full and true statement of a reporting entity as of the reporting period ended on that date, and ha <i>Instructions</i> and <i>Accounting Practi</i> differ; or (2) that state rules or repractices and procedures, according	s of the said rep to the above refere om any liens or ibits, schedules a Il the assets and period stated above been comple ces and Procedule egulations requir	orting entity, and that for enced statement were the claims thereon, except a sund explanations therein of liabilities and of the cove, and of its income and ted in accordance with the res manual, except to the differences in reporting	or the reporting period stated e absolute property of the said as therein stated, and that the contained, annexed or referred ndition and affairs of the said d deductions therefrom for the the NAIC Annual Statement e extent that (1) state law may ng not related to accounting
Signature	Signat	ure $\Box$	Signature
(Print Name) President	(Print N Secret		(Print Name) Treasurer
Subscribed and sworn to before me			Signature
	,		(Print Name) Witness
Notary Public			Withess
My Commission Expires:			